

# Working With Street Children

## **MODULE 3**

# **Understanding Substance Use Among Street Children**

**A Training Package on Substance Use, Sexual and Reproductive Health including HIV/AIDS and STDs**



**WORLD HEALTH ORGANIZATION**  
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# Introduction

Studies have found that between 25% and 90% of street children use psychoactive substances of some kind. The word ‘substance’ describes any psychoactive material which when consumed affects the way people feel, think, see, taste, smell, hear or behave. A psychoactive substance can be a medicine or an industrial product, such as glue. Some substances are legal such as approved medicines, alcohol and cigarettes, and others are illegal, such as heroin and cannabis. Each country has its own laws about substances. The percentage of substance users among street children varies greatly depending on the region, gender and age.

To understand substance use a framework called the **Modified Social Stress Model\*** is used. The model explains the complex relationship between factors that affect the onset and continuation of substance use. The model suggests that positive and negative aspects of six vulnerability/protective factors affect the risk of substance use. These are stress, normalization of behaviour and situations (acceptance) of substance use in the community, effects of behaviour and situations, attachments, skills and resources.

This module provides basic information about substances and health consequences of substance use. It introduces the Modified Social Stress Model as a useful way of understanding substance use among street children.

## Learning objectives

After reading this module and participating in the learning activities you should be able to:

- ✓ Name the types of substances street children use and the ways in which street children take them.
- ✓ List the common substances used by street children in your community.
- ✓ Describe the effects of substances.
- ✓ Describe the patterns and consequences of substance use.
- ✓ List factors that make substance use more likely or less likely according to the Modified Social Stress Model.

\* This model of substance use is based on the Social Stress Model developed by Rhodes and Jason (1988). WHO programme on Substance Abuse (PSA) modified the framework to include the effects of substances, the personal response of the individual to the substances, and additional environmental, social, and cultural variables. It is only one model and may not be applicable to other areas. In both Phases I and II of the WHO/PSA Street Children Project, sites found the model to be useful in better understanding and responding to substance use and other health issues among street children.



## Lesson 1 - Types of psychoactive substances

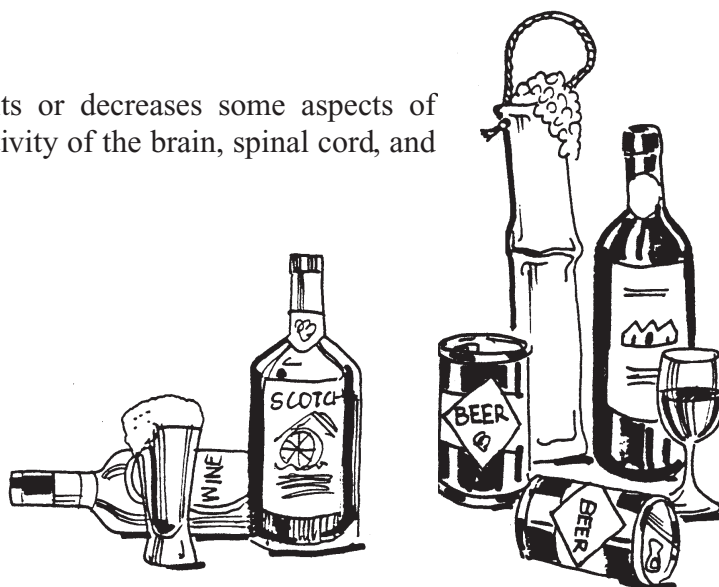
### 1.1 Psychoactive substances street children may use.

The types of psychoactive substances street children use can be many and varied and it may be difficult to determine what substances they are using. Substances which are sold on the market can be identified by their generic name. This is the standard name used through out the world. However some substances are marketed under various names known as trade names and others have 'street names'. For example, diazepam is the generic name while valium is a trade name. Diacetylmorphine is a generic name for heroin and 'brown sugar' or 'smack' are some of the names it is called by on the streets. It is important for the street educator to know the general categories of substances and the effects that substances can have on a street child. The following examples of substances in their general categories may not be the ones used in your country, they are merely illustrative.

#### ● Alcohol

Alcohol is a depressant which inhibits or decreases some aspects of central nervous system activity (ie., activity of the brain, spinal cord, and some major nerves).

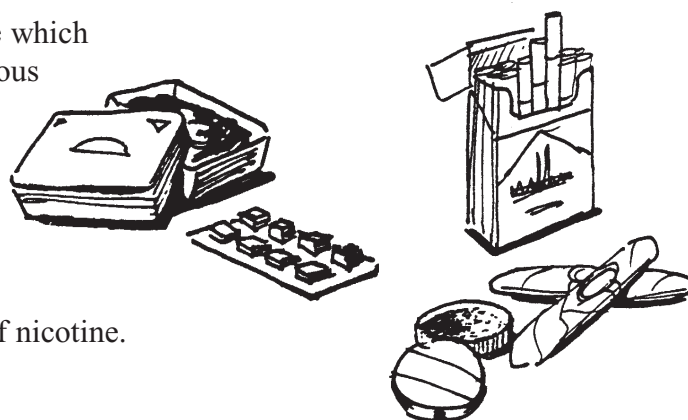
Substances containing alcohol include the following: wine, beer, spirits, home-brew, some medicinal tonics and syrups (e.g. cough syrups), some toiletries and industrial products.



#### ● Nicotine

Nicotine is a stimulant; that is any substance which activates, enhances or increases central nervous system activity. Nicotine is found in the following substances:

cigarettes, cigars, pipe tobacco, chewed tobacco, snuff, nicotine gum, spray, skin patches.



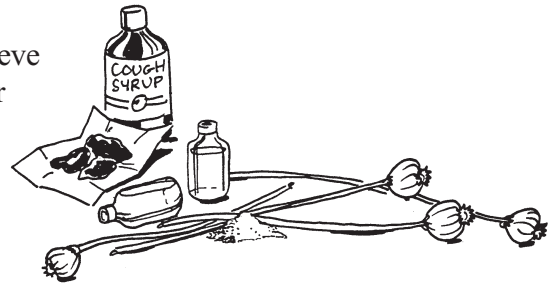
Most cigarettes have about 1-2 milligrams of nicotine.

## ● Opioids

Substances in this group may act as analgesics (they relieve physical pain) and depressants. They may be synthetic or made from opium poppies (opiates). The following substances are examples of opioids:

**opiates:** codeine (such as in some cough mixtures), heroin, morphine, opium

**synthetic opioids:** buprenorphine hydrochloride (Temgesic), methadone (Physeptone), pethidine.



## ● Hallucinogens

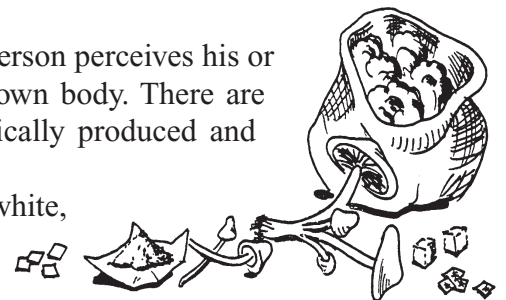
Hallucinogenic substances can alter a person's mood, the way the person perceives his or her surroundings and the way the person experiences his or her own body. There are many different types of hallucinogens, some of which are chemically produced and others which are naturally occurring.

**LSD (Lysergic Acid Diethylamide):** in its pure state LSD is a white, odourless powder. It is usually mixed with a lot of other ingredients. It is often put into capsules, liquids, tablets, and as small spots on absorbent paper.

**mescaline:** made from the pulp of the peyote cactus.

**psilocybin mushrooms:** Psilocybin is the hallucinogen found in some mushrooms. It is usually made available as dried mushrooms.

**PCP (phencyclidine):** this substance was used as an animal tranquilliser.



## ● Cannabis

The cannabis plant grows in many parts of the world. Preparations containing different concentrations of cannabis are consumed.

**marijuana:** the leaves and flowers of the marijuana or hemp plant.

**hashish (oil and resin):** these forms of cannabis are made from the resin of the flowering heads of the plant

**tablets containing THC** (Tetrahydrocannabinol, the main active ingredient in cannabis)



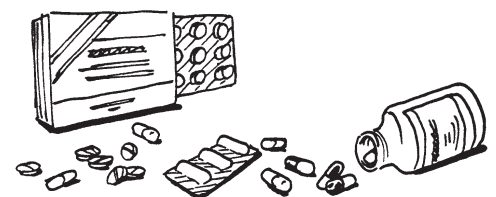
## ● Hypnosedatives

The drugs in this group are made synthetically and do not occur naturally. There are a large number of different drugs in this group. All are slightly different, but all subdue the body's nervous system.

**benzodiazepines:** e.g. alprazolam (Xanax), diazepam (Valium), flunitrazepam (Rohypnol), oxazepam (Serepax), temazepam (Normison)

**barbiturates:** pentobarbital.

Other sedatives, such as chloral hydrate and methaqualone (Mandrax)



## ● Stimulants

This group of substances activate, enhance or increase central nervous system activity.

**caffeine:** caffeine has been around for thousands of years. It is found in different amounts in coffee, tea, cocoa, and chocolate. It is also in some soft drinks and in some medicines.

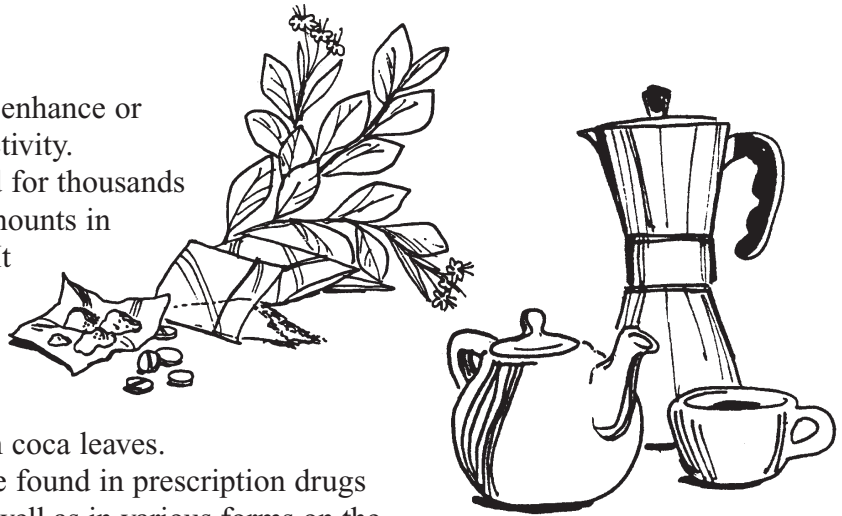
**coca products:** coca leaves, coca paste.

**cocaine:** cocaine is produced from coca leaves.

**amphetamines:** amphetamines are found in prescription drugs and included in some diet pills, as well as in various forms on the street. On the streets in the Philippines they are called *shabu*, a Japanese word for fast/quick, and in Australia *speed* or *goey*.

**MDMA (Ecstasy):** this substance is a type of amphetamine which has both stimulant and hallucinogenic effects. It can be in the form of a tablet, capsule, or oil which is usually mixed with other substances.

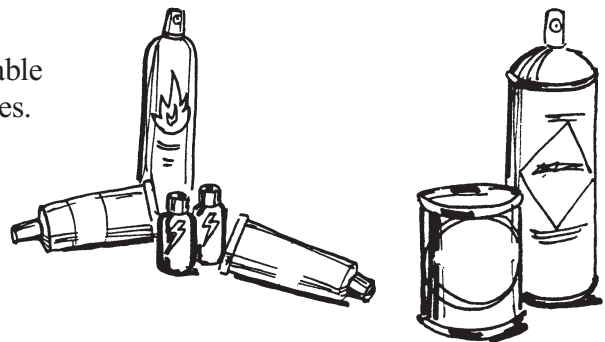
**khat:** the leaves and buds of a plant found in East Africa, which are chewed or brewed as a drink.



## ● Inhalants

Inhalants include a wide range of easily available products including aerosols, volatile solvents and gases.

The following substances can all be inhaled: aerosol sprays, butane gas, petrol, glue, paint thinners, solvents, amyl nitrite (poppers)



## ● Other psychoactive substances

Some substances do not neatly belong in any of the categories above.

**kava:** a drink made from the roots of a shrub, which is used in the South Pacific for social and ceremonial purposes.

**betel nut:** this substance is the seed of an Asian palm tree.



## 1.2 Other substances that street children use.

It has been noted through the WHO project on substance use among street children that street children claim that inhaling through a wet carbon paper, inhaling vapour produced by a mixture of fibre matting and boiling toothpaste, inhaling fumes from burning insects, and inhalation of raw sewerage can produce desired effects. Efforts should be made to learn about the types of substances that are being used by the street children locally. This information could be obtained from specialists in your community, such as pharmacists and medical personnel. The specialists may provide samples of the products so that you are familiar with them.

## 1.3 Methods of using substances.

Substances can be used in many different ways. They may be:

- Chewed, swallowed or dissolved slowly in the mouth.
- Placed on a mucous membrane (such as inside the anus or vagina, or nose, or under the eyelid).
- Rubbed into the skin.
- Injected under the skin or into a vein or muscle with a needle.
- Smoked or inhaled through the mouth or nose, or inhaled by placing a bag over the head known as bagging.

The way the substance is taken also influences how fast the substance reaches the brain or other organs. Injecting a substance is especially dangerous because of the risks of infection that are carried through the blood (blood borne). In particular, sharing needles or other injecting equipment and the way the substance is prepared can spread HIV (the virus that causes AIDS), hepatitis B and C, and other infections because of contamination with infected blood.

*Substances can be inhaled through the mouth or nose.*








**3. Substance preference.**

Do different subgroups of street children prefer certain substances?

- Younger children (specify age).

- Girls.

- Boys.

**Notes**



## Lesson 2 - Effects of substances on the street child

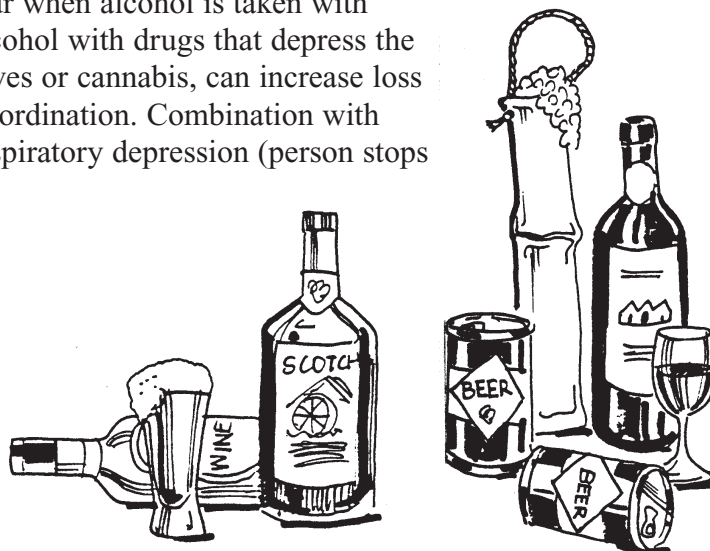
### 2.1 Effects of substances.

Any substance can be harmful to a human body if taken in large enough doses, too frequently or in an impure form. The health effects of substances can occur immediately or in the long-term. The effects are influenced by the dose, the method of administration as well as whether the substance is used with another drug. The long-term effects often take a long time to appear and are usually due to damage of body organs. Be aware that some signs attributed to substance use may be due to other conditions, e.g. poor concentration can be a sign of glue sniffing, but it could also be caused by stress or worry about a life event, about pregnancy, or as a result of head injury. Effects of individual substances are presented below:

#### Alcohol.

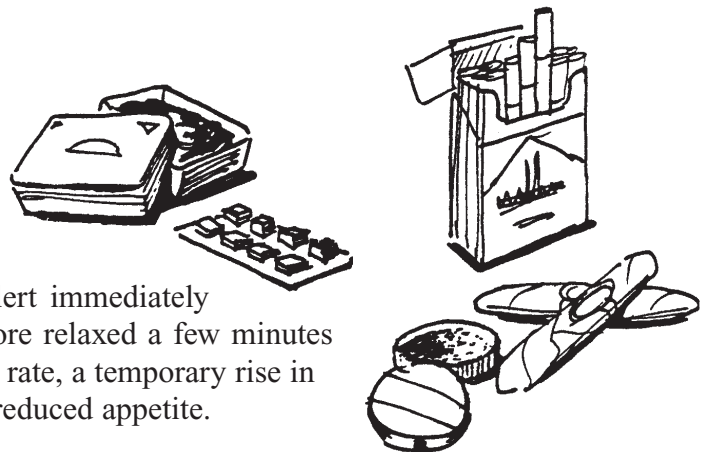
The effects of alcohol will vary from person to person. Children, young people and women are usually more affected by alcohol than adult men because they tend to have lower body weights, smaller livers, and a higher proportion of fat to muscle. This leads to faster absorption of alcohol in the body.

- **Immediate effects:** These include drowsiness, uninhibited actions (a person is more likely to do things that normally he or she would stop himself/ herself from doing), loss of physical coordination, unclear vision, slurred speech, making poor decisions or impairment of memory. Excessive drinking over a short period of time can cause headache, nausea, vomiting, coma and death.
- **Long-term effects:** Drinking large amounts of alcohol regularly over a long period of time can cause loss of appetite, vitamin deficiency, skin problems, depression, loss of sexual drive, liver damage, heart ailments, nerve and brain damage or loss of memory.
- **Associated health risks:** These occur when alcohol is taken with other substances or drugs. Taking alcohol with drugs that depress the body's systems, such as hypnotosedatives or cannabis, can increase loss of judgement and loss of physical coordination. Combination with hypnotosedatives can lead to coma, respiratory depression (person stops breathing) and death.



## Nicotine.

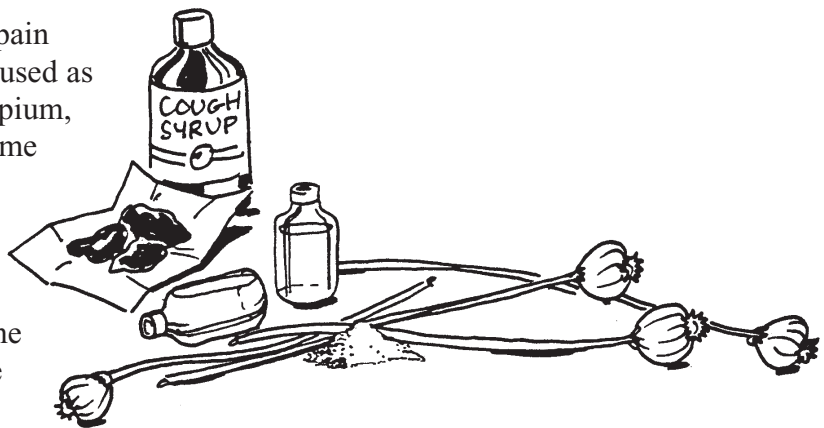
Nicotine, the active substance found in tobacco is addictive in nature. Once a street child starts using tobacco, they are likely to continue using it for a long time.



- **Immediate effects:** A person feels alert immediately after using tobacco, and then feels more relaxed a few minutes later. There is also an increase in pulse rate, a temporary rise in blood pressure, dizziness, nausea and reduced appetite.
- **Long-term effects:** These effects may be due to the nicotine or the form in which it is taken. Heart and lung disease, blockage of arteries (peripheral vascular disease), high blood pressure, breathing difficulty, cancer of the lung (with cigarette smoking) and cancers of the mouth (with pipe smoking and tobacco chewing) may occur.

## Opioids.

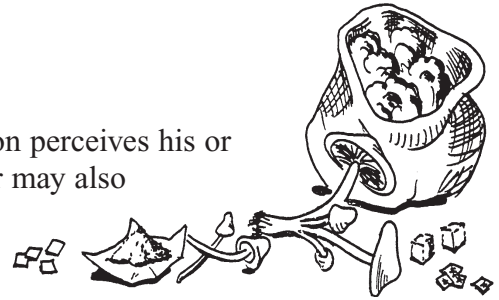
Substances in this group may act as pain killers and/or depressants. Some are used as medicines while others are illegal. Opium, morphine, codeine (constituent of some cough mixtures) and heroin are derived from opium poppies directly or through chemical processing (opiates), while buprenorphine (Temgesic), methadone (Physeptone) and pethidine are made synthetically (opioids).



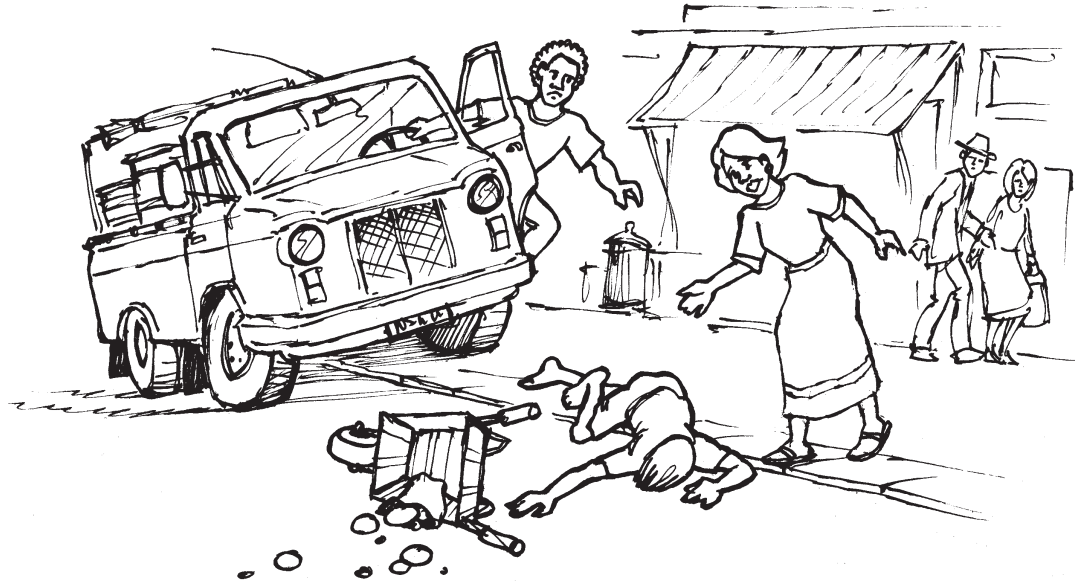
- **Immediate effects:** Opioids often produce a detached and dreamy feeling, sleepiness, reduction in the size of the pupil of the eye, nausea, vomiting and constipation. Overdose leads to unconsciousness, respiratory depression (failure to breathe) and death.
- **Long-term effects:** The main danger is the development of dependence and the chance of overdose that can cause death. Tolerance and dependence can develop quickly.
- **Associated health risks:** Opioids may be injected into the body. Injecting the substances with a needle that is not sterile or is shared between users can transmit blood borne infections including HIV, hepatitis B and C, and may result in septicemia (infection in blood).

## Hallucinogens.

These substances can alter a person's mood, the way the person perceives his or her surroundings and experiences his or her own body. A user may also hallucinate (perceive something that does not exist).



- **Immediate effects:** The immediate effects are those of change in perception and in the awareness of things happening inside and outside one's body. Things may look, smell, sound, taste, or feel different e.g. seeing colours, lights, pictures. 'Bad trips' may also occur. The term refers to unpleasant and disturbing feelings e.g. panic, fear, anxiety, confusion and alteration in the sense of reality. The nature of the experience is partly determined by the setting in which the hallucinogens are taken. Unintentional injuries and suicide may happen under the influence of hallucinogens.



- **Long-term effects:** Many users report getting the experiences first obtained under the influence of substance, days or even months after they have stopped taking the substances. These experiences are called 'flash backs'. Regular use of hallucinogens can decrease a user's memory and concentration and can result in depression and other mental health problems. PCP is particularly likely to cause lasting mental health problems.

## Cannabis.

Cannabis may make a user euphoric at first, and then relaxed and calm. Large doses can change perceptions in ways similar to that seen with hallucinogens.

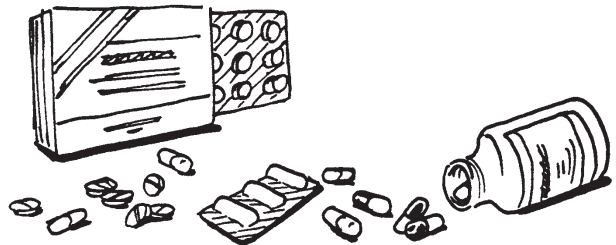
- **Immediate effects:** feelings of well being, relaxation, loss of inhibitions, loss of motor coordination and loss of concentration. There may be increased pulse and heart rate, redness of the eyes, and increased appetite. Large quantities can cause panic, hallucinations, restlessness and confusion.
- **Long-term effects:** there is no evidence that using cannabis occasionally in small quantities causes any significant long lasting health problems. Regular use over a long time increases chances of dependency, impairment of memory and concentration and may worsen mental problems such as schizophrenia.



## Hypnosedatives.

These substances are depressants. They make the nervous system less active. Health workers often prescribe them for treating sleep difficulty and anxiety because of their calming properties. There are a large number of different drugs in this group.

- **Immediate effects:** all substances in this group cause effects similar to alcohol. They slow down a person's thinking and movements and decrease the ability to concentrate. They cause 'hangovers', or problems such as slurred speech, sleepiness and lack of coordination after the intoxication has worn off. Low doses reduce feelings of anxiety while higher doses cause sleep or unconsciousness. Alcohol increases their effect. Repeated doses cause other associated health risks because the substance is not broken down (metabolised) quickly. Unintentional injuries and suicide can occur.
- **Long-term effects:** regular use of these substances can lead to dependence, and continued heavy use can result in problems with memory, ability to learn, and problems with coordination. Convulsions and delirium (an acute confusional state) can occur when the substance is withdrawn.

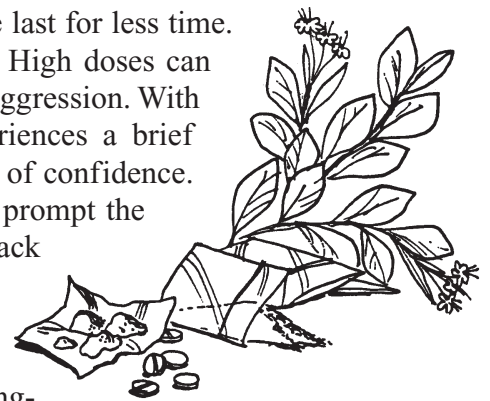


## Stimulants.

Stimulants enhance or increase central nervous system activity. They are popular because they make people feel energetic, self-confident and they decrease the feeling of hunger. They are often used to reduce weight and help people stay awake for work. If too much of the stimulant is taken, the person may become anxious, irritable, suspicious, panicky, and/or threatening to others.



- **Immediate effects:** caffeine in coffee and teas spreads quickly through the body and makes a person feel awake. Too much of caffeine can cause an increase in heart beat, anxiety and upset stomach. The effects of cocaine and amphetamines are similar except that the effects of cocaine last for less time. These are excitement, decreased need for sleep and food. High doses can cause anxiety, panic, high blood pressure, convulsions and aggression. With crack (cocaine which is smoked) a person usually experiences a brief intense feeling of intoxication and an exaggerated feeling of confidence. The mood then quickly changes to a low feeling and may prompt the person to repeat the dose. Overdose is commoner with crack than with other forms of cocaine.

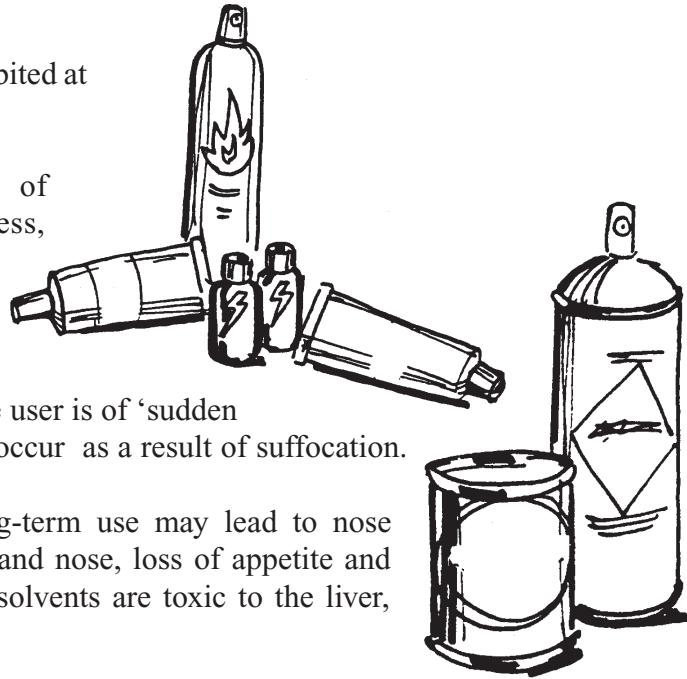


- **Long-term effects:** coffee and tea may cause anxiety, depression, stomach upset and difficulty in sleeping. Long-term use of amphetamine and cocaine can cause dependence, inability to sleep, irritability, and mental health problems such as feelings of suspiciousness and hallucinations. Similarly, heavy use of khat can result in dependence and physical and mental problems.

## Inhalants.

Like alcohol, they make a person uninhibited at first and drowsy later.

- **Immediate effects:** Feelings of happiness, relaxation, sleepiness, poor muscle coordination, slurred speech, irritability and anxiety. Hallucinations and fits can occur with heavy use. The most immediate danger to the user is of 'sudden sniffing death'. Death could also occur as a result of suffocation.
- **Long-term effects:** Regular long-term use may lead to nose bleeds, rashes around the mouth and nose, loss of appetite and lack of motivation. Some of the solvents are toxic to the liver, kidney, heart and brain.





## Other psychoactive substances.

Some substances do not belong in any of the above mentioned categories.  
Examples are:

- **Kava:** is used in the South Pacific for social and ceremonial purposes. It causes mild sedation and feeling of well being. Heavy use can cause dependence and medical problems.



- **Betel nut:** is often chewed in parts of Asia and the Pacific. Regular use can cause dependence and diseases of the mouth, including cancer.

## 2.2 Polysubstance use.

In many areas, street children use more than one substance at the same or different times. In developed countries, this often includes using alcohol, nicotine, opioids, stimulants, hypnotics, hallucinogens and inhalants. Combined use of substances makes the assessment of substances that the child is using more difficult. In addition, it complicates the process of detoxification or withdrawal. Combination of substances increase the risk of overdose and thus the chances of accidents, death, violence and suicide.

## 2.3 Special considerations.

There are a number of special considerations you need to be aware of with regard to substance use. These include malnutrition, mental health and pregnancy.

- **Malnutrition.**

Although alcohol has calories and provides energy it can also prevent the absorption of necessary vitamins and other nutrients. In general, a person taking substances can easily overlook the importance of good nutrition. Street children use substances to relieve hunger and this can lead to malnutrition.

- **Mental health.**

- Alcohol may increase feelings of sadness and isolation in young people who are already depressed. A serious state of depression can also be a consequence of long-term excessive alcohol use.
- Hallucinogens may cause mental health problems such as depression, with suicide being a risk. They may also worsen a pre-existing mental disorder such as schizophrenia.
- Young people who use substances such as inhalants may like the experience and get relief from their tension. This limits the development of other more constructive coping strategies: For example the use of hypnotics can help street children feel less anxious, but they do not change the cause of the street child's anxiety.

● **Pregnancy.**

- Regular drinking of even small amounts of alcohol during pregnancy can damage the health of both the mother and the foetus. Heavy drinking can lead to miscarriage or foetal alcohol syndrome (slowed growth and mental disabilities in the baby). Alcohol can be passed to the infant through breast milk.
- Smoking during pregnancy can reduce the amount of oxygen available to the unborn and may affect the baby's growth and development before, and after birth. This usually leads to low birth weight in the baby. Similar problems may accompany the use of cannabis during pregnancy.
- A mother using opioids, hypnotosedatives and stimulants exposes the baby to the substance. If the pregnant or lactating (breastfeeding) mother stops using these substances suddenly the baby will experience withdrawal. Amphetamines may lead to miscarriage and cocaine can cause developmental delays.
- LSD can increase the chance of a miscarriage and complications during pregnancy. Babies of mothers who use hallucinogens, may be born with physical deformities.

## 2.4 The role of psychoactive substances in the lives of street children.

Even though using psychoactive substances may lead to serious problems, many street children use them either because a particular substance adds something to their lives or it temporarily solves a problem. There is a connection between the problems of life on the street and the effects that substances sometimes produce.

“After inhaling solvents, you feel the earth quake and that God is above you. Once half of the body of Rizal appeared as a manananggal (flying witch). After a few hours, you lose your appetite, feel very weak, tired and sleepy” (edited from a quote from Filipino street boy).

Some effects that street children may desire:

Problems on the street	Possible effects of use
Hunger	Lessens hunger pains
Boredom	Adds excitement
Fear	Provides courage
Feelings of shame, depression, hopelessness	Helps to forget these feelings
Lack of medicine and medical care	Self medication
Difficulty falling asleep because of noise and overcrowding, cold or heat, mosquito bites	Produces drowsiness
Being tired from lack of sleep because of noise or overcrowding	Increases energy to work
Risk of being attacked and abused	Improves alertness
No recreational facilities	Offers entertainment
Social isolation	Provides a sense of connection with other substance users
Loneliness	Promotes socializing
Physical pain	Relieves physical pain
No money for food	Makes it easier to steal

Often the substances do not produce the effect the street child wants and they leave the child with even less emotional, financial and health resources than before. Street children in developing countries who use substances often do not fit the stereotype of an adolescent substance user in the developed world who tends to be unhappy, insensitive and disrespectful. Young substance users on the street are often cheerful, affectionate, and respectful of authority. They do not use substances because they reject mainstream society, but rather because they have lost their place in it.

## Learning Activity



### 1. Effects of substances.

Ahmad, a 15-year-old street boy is lying on the sidewalk of one of the roads leading to the market. As you approach him and attract his attention, you notice that his mood is not the same as usual and in a loud voice, he tells you that “things look different today”. Showing you a mango in his hand, he says “this too tastes like a piece of chicken”, pointing at a thin broken branch of a tree, he screams “there is a snake on the tree”. He smiles at you and says he feels things happening in his body. If Ahmad is under the influence of a substance(s);

- What type of substances could make Ahmad behave in this way?

- What other immediate effects do you expect to see in him?

- List other risks involved in the use of this type of substance (s):

### 2. Other substances.

Lilu, a 16-year-old street girl has been brought to the shelter for street children where you work. As part of vocational training, girls are taught house keeping, to prepare them for potential careers as domestic workers. You have given Lilu the responsibility of safe guarding all items for use in this domestic training course. One afternoon, Lilu appears irritable, anxious and combative. She tells you that she hears cries of babies while you do not hear anything.

- Given the type of responsibilities Lilu has, what substance do you think she could have taken?

- What other effects do you expect her to experience?

**Hallucinogens and volatile inhalants are the key substances for question one and two.**

**3. Please respond to the questions as requested below.**

a) When alcohol is taken, it provides the much needed calories to street children and contributes to the prevention of malnutrition. True/False

b) Which of the following statements is false? Circle your answer.

- In many areas street children use more than one substance at the same time.
- The signs that substances may cause in street children could be a result of other health conditions.
- Alcohol prevents the absorption of certain vitamins and nutrients in the body.
- Substance use among street children enhances the ability to develop constructive coping strategies.

**4. Think of some of the problems that street children in your area have and which substances they use to help them solve these problems. For each of the problems that you selected, what are the substances that street children are using to help solve that particular problem?**

**Problems:**

**Substances chosen to help solve problem:**



## Lesson 3 - Patterns of psychoactive substance use and their consequences

### 3.1 Patterns of substance use.

Two important factors that determine patterns of substance use in the community are the price and availability of the substances. Street children almost always choose the least expensive and most readily available ones, e.g. inhalants such as glue or petrol. If they decide to drink alcohol, they tend to pick the cheapest beverage with the highest alcohol content.

Patterns of substance use vary greatly among street children and may change over time. Some develop a regular pattern of use while others may be quite haphazard. A street child may change his or her pattern of use over time. Use of substances does not mean that he or she will automatically progress to using other substances or to use more intensively. Included under patterns of substance use are experimental, functional and harmful use, abuse and dependant use. Functional and experimental use relate to the issues of adolescence and survival on the street as outlined in the previous modules. Explained below are intoxication, harmful and dependent use.

- **Intoxication**

Intoxication is a temporary state that follows the use of one or more substances resulting in a change in the person's alertness, thinking, perceptions, decision making, judgement, emotions, or behaviour. An intoxicated person is more likely to suffer from burns, suffocation, seizure, poisoning, overdose, sudden death etc. They may also be involved in accidents, violence, unsafe sex and rape. Intoxication is highly dependent on the type and dose of substance and is influenced by an individual's level of tolerance and many other factors. It is not always clear when street children are intoxicated as intoxication with different substances has different signs and symptoms. In general, an intoxicated person will have the following common signs; they may be exceptionally sleepy, have trouble in thinking and speaking and talking to them may be difficult. Their eyes may be dilated, they may giggle or laugh inappropriately (sometimes in response to hallucinations) their mood may switch quickly between highs and lows and they may become aggressive.

Even when it appears that a street child is intoxicated, it should be remembered that some of the signs and symptoms may be caused by other physical or psychological states, such as hunger, sickness and emotional difficulties.



*Intoxication is a temporary state that follows use of one or more substances.*

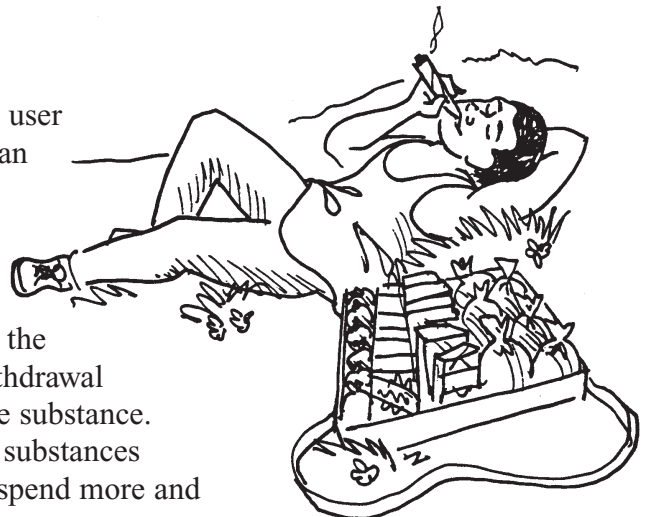
- **Harmful use.**

Harmful use is a pattern of substance use that results in damage to physical or mental health. Most physical harms experienced by street children following the use of substances occur as a result of intoxication, hence health damage can also occur with experimental and occasional use. Other harms result from the way in which the substance is used. Injecting drugs is particularly dangerous because it can lead to an overdose or it may increase the risk of hepatitis, HIV and other infections from contaminated needles and syringes. Smoking substances can result in disorders of the respiratory system and burns. Some substances such as leaded petrol, benzene and coca paste are particularly toxic and can cause health damage in even small amounts. As most street children have not been using substances for long enough it is unusual to see them with disorders such as alcoholic liver disease or smoking related lung cancer or heart disease which occur late in life.



- **Dependent use.**

This is a pattern of substance use in which the user has a strong desire to take the substance and can not control its use. Thus substance use gains priority over other activities for the user. Long-term use increases tolerance as their body adjusts to the substance so that the same amount of substance no longer produces the effects. They may also experience physical withdrawal reactions if he or she goes too long without the substance. Users who are dependent may continue to use substances despite very serious consequences. They may spend more and more of their day involved with substances.



*Spend more of the day involved in substance use*

- **Withdrawal**

When a person stops taking a particular substance that he or she has been using regularly, he/she may experience adverse effects known as withdrawal symptoms. Unless young people have been using large amounts of the substance for a long time, they rarely need to be weaned off a substance in a medical setting. They can be assessed and managed in other safe places with their cooperation. The most dangerous withdrawals are from alcohol and hypnotics, which may trigger convulsions and delirium. In these situations medically assisted detoxification may be advisable. Common withdrawal symptoms of various substances are shown in the table.



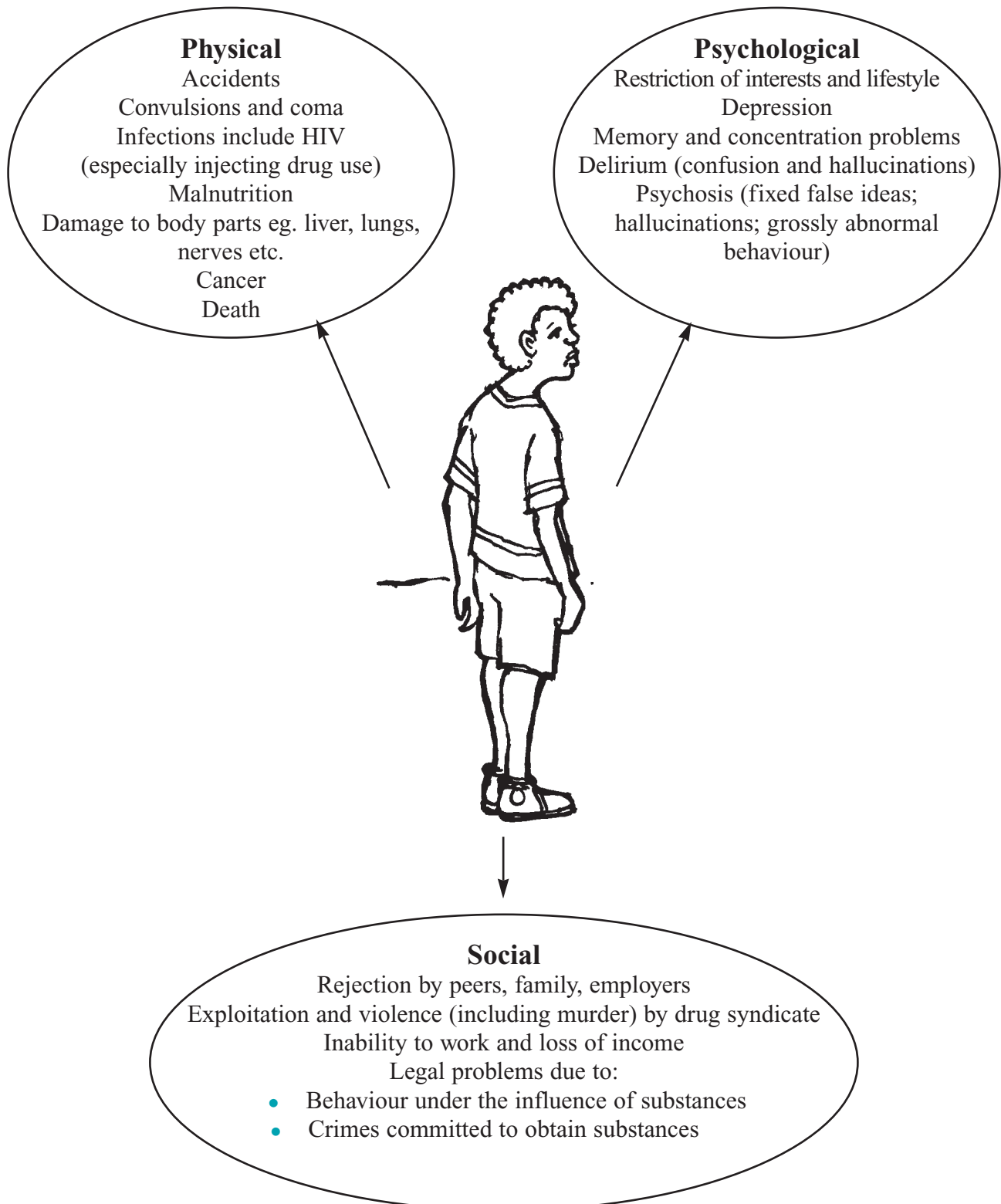
Substances	Withdrawal symptoms
Alcohol	Anxiety, tremors, vomiting, sweating, convulsion, delirium (confusion & hallucinations)
Nicotine	Nervousness, sleep difficulty, abdominal pain, poor concentration, muscle spasms, headaches, cough, changes in appetite
Opioids	Anxiety, sweating, muscle cramps, runny nose, vomiting, diarrhoea, sleep difficulty
Hallucinogens	No significant withdrawal symptoms
Cannabis	No or mild withdrawal symptoms
Hypnotosedatives	Anxiety, irritability, inability to sleep, muscle cramps, convulsions, delirium
Stimulants	Caffeine: headaches, tiredness, aches and pains, anxiety Amphetamines: fatigue, hunger, irritability, depression, suicidal feelings, sleeplessness Cocaine: fear, depression, nausea, vomiting, tremors, muscle pain, tiredness
Inhalants	No significant withdrawal symptom



*Withdrawal symptoms may include abdominal pains or even convulsions.*

### 3.2 Consequences for the individual street child.

Using a psychoactive substance can have many different consequences. Some of the consequences are insignificant and some are extremely serious. Psychoactive substances have effects on the body of the user as well as consequences on the life of the user and the whole community.



### 3.3 Consequences for the family and Community.

Everyone, including street children, occasionally has conflicts with family members, friends, strangers, and lovers. Like other young people they also want the excitement of taking a risk from time to time. Substance use can sometimes make these experiences unpleasant or even dangerous. Here are some consequences for the family and community.

- Important responsibilities may be forgotten, and disagreements can become emotionally or physically destructive.
- Substance users with little income are constantly faced with the problem of finding money to purchase substances. Some of them may steal or use violence to get the money and others might join illegal businesses or the sex industry to earn enough money.
- Activities such as building a fire can become dangerous if the children involved are under the influence of substances because of the lack of safety already present in the situations where they live.
- The demand for illegal substances has produced wealthy and powerful organizations that manufacture and distribute substances in some parts of the world.

#### Example

##### **Brazil.**

Drug syndicates in Brazil train some street boys for dangerous, but profitable careers in trafficking. A boy enters the organization as an **olheiro** whose job it is to inform others when police or rival drug groups are in the area. Olheiros might signal the presence of police by flying kites. The next stage of training is to transport drugs as an **aviozinho**. Later, a boy may be promoted to an **indolador**, who packs the drugs, and then to a **misturador** who mixes them with other substances to increase the quantity. Some boys will eventually reach the rank of **soldado**, a **soldier** who sells drugs. While a street boy is in training in a drug syndicate, he earns a decent income, protection from other criminals and the police, as well as the respect of residents in certain slum communities. The syndicate might also offer him luxuries such as television sets. Just as important, a child in training with a drug syndicate can usually avoid being removed from his home or the streets by the government welfare system. To many street children, being a **soldado** in a drug syndicate is better than being **an abandoned child, a transgressor, or a delinquent** in the welfare system. A street child's hopes for success through a drug syndicate may end quickly and violently. He may be killed by rival organizations or by the police at any time. Once he reaches the age of 18, when he will no longer receive special treatment by the legal system, he may be killed by his own syndicate, 'queima de arquivo', to protect the secrecy of their operations.

## Learning Activity



### 1. Sharing experiences.

- In small groups, discuss your experiences on substance use among street children. Document these experiences.
- What consequences have substance use among street children had on the community?

### 2. Raphael.

Raphael is a 16-year-old street boy. He likes some of the street educators who work in his neighbourhood and he occasionally goes to a centre where he participates in activities such as games, drama, music and literacy classes. When he was about 11, Raphael began smoking tobacco and, by the age of 14, he started sniffing solvents. A year later he was smoking cannabis. Most of his friends use these substances as well as others that they inject. The substances are usually very easy to obtain. Raphael's friends have recently persuaded him to try amphetamine tablets. He likes the rush he experiences when he uses amphetamines. He says that amphetamine takes his mind off his troubles. He believes that amphetamines also make him more adventurous in his sex work. Consequently, he has begun to use it more often and has started to think of injecting.

Lately, Raphael's life has become more difficult because he gets involved in fights with other street children. Having noticed these problems, you have decided to keep him at the centre longer to reduce his access to substances. Despite all these good intentions, Raphael is irritable, anxious and appears not to control his movements especially of his hands.

- What is Raphael's pattern of use?
- What are the current problems that Raphael is experiencing?
- What other factors are related to his substance use?
- What are the immediate risks of his substance use?
- What could be the long-term effects?



### 3. Steven and Josie

Steven and Josie are both 16 years old. They live together in a shelter for homeless teenagers in the inner city. Steven ran away from home after a violent fight with his father. Josie left home because his cousin's friend had sexually assaulted him. Both are angry and cover their inner pain by trying to act 'tough'. The two of them have stolen goods from shops, assaulted other people, robbed houses and stolen cars.

They use cannabis, inhaling it from a water pipe called a bong. They also drink a lot of alcohol. Six months ago, Steven started injecting heroin and amphetamines. He uses heroin nearly every day now and he experiences withdrawal symptoms if he does not use it for a couple of days in a row. He feels physically uncomfortable and is irritable. From time to time, Josie injects substances with Steven's equipment. He prefers pills like benzodiazepine, which he gets from

doctors or buys on the streets. Josie is frequently involved in commercial sex. Steven too is involved in this, but to a lesser extent. Both of them are not interested in getting any form of education or vocational training. They claim that they do not want to live beyond the age of 21.

- What is Steven and Josie's pattern of use?

- What are the current problems that Steven and Josie are experiencing?

- What other factors are related to their substance use?

- What are their immediate risks?

- What could be the long-term effects?



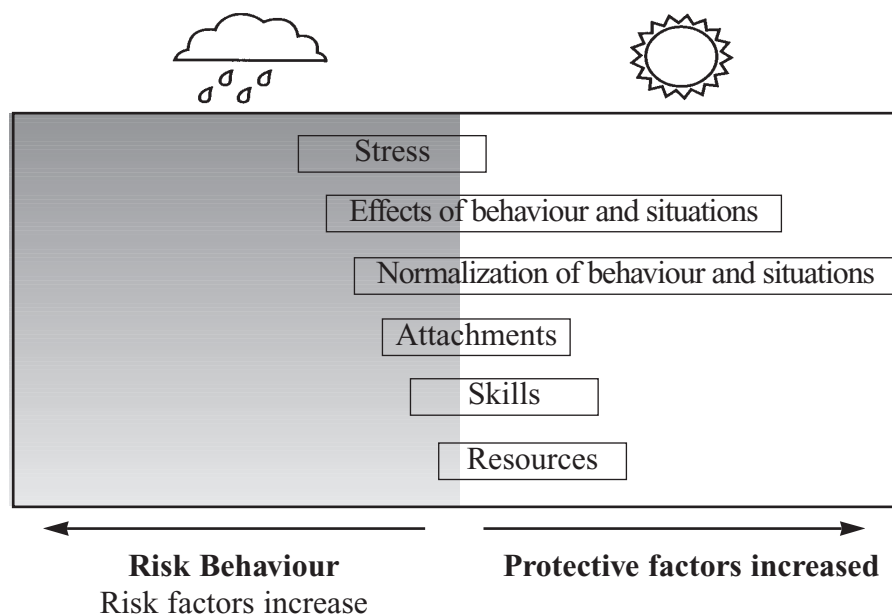
## Lesson 4 - Applying the Modified Social Stress Model in substance use

The Modified Social Stress Model is a framework which has been used by the WHO street children project to understand the vulnerability to risk behaviour and situations associated with substance use. This model could also be applied to sexual behaviour. The model has six major components; stress, normalization of behaviour and situations, effect of behaviour and situations, skills, attachments, and resources. Stress, normalization of behaviour and situations and effect of behaviour and situations (the experience of substance use) are viewed as factors that may increase vulnerability. Skills, resources and attachments are seen as factors that may reduce vulnerability to risky behaviour and situations. However, each of these factors has aspects which can increase vulnerability (risk factors) or decrease it (protective factors).

The model serves as a guide to factors which may contribute to street children engaging in various risk behaviours. The basis of the model is this: if many risk factors are present in a person's life, that person is more likely to begin, intensify, and continue the use of substances, and experience related problems. Conversely, the more protective factors that are present, the less likely the person is to become involved with substances.

Vulnerability can be understood better if both risk and protective factors are considered at the same time. Besides providing a conceptual understanding, the framework is useful for planning interventions to prevent or treat problems such as those related to substance use, sexual and reproductive health including HIV/AIDS/STDs, at both the individual (street child) and the community level.

Each component presented in the model can have positive and negative aspects that function as risk or protective factors. The following pages apply the model to substance use and illustrate the components as they might appear in a street child's world. The model will later be applied to sexual and reproductive health.

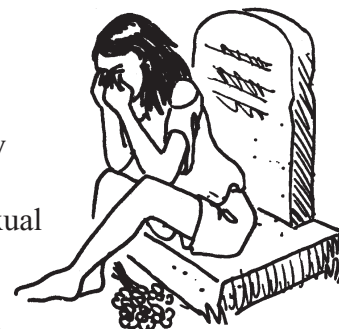


## 4.1 Stress.

Stress is the way a person feels (e.g., anxious, tense, burdened) in response to real or perceived stressors. A stressor may be observable (e.g., violence, poor living conditions, a physical disability), or it may be less visible to others (e.g., emotional abuse, trauma). The more stress a child is under, the more likely he or she is to use substances. Street children often have extremely stressful lives. To understand just how stressful their lives can be, consider the five types of stress (adapted from Rhodes and Jason) that are described below.

- **Major Life Events.**

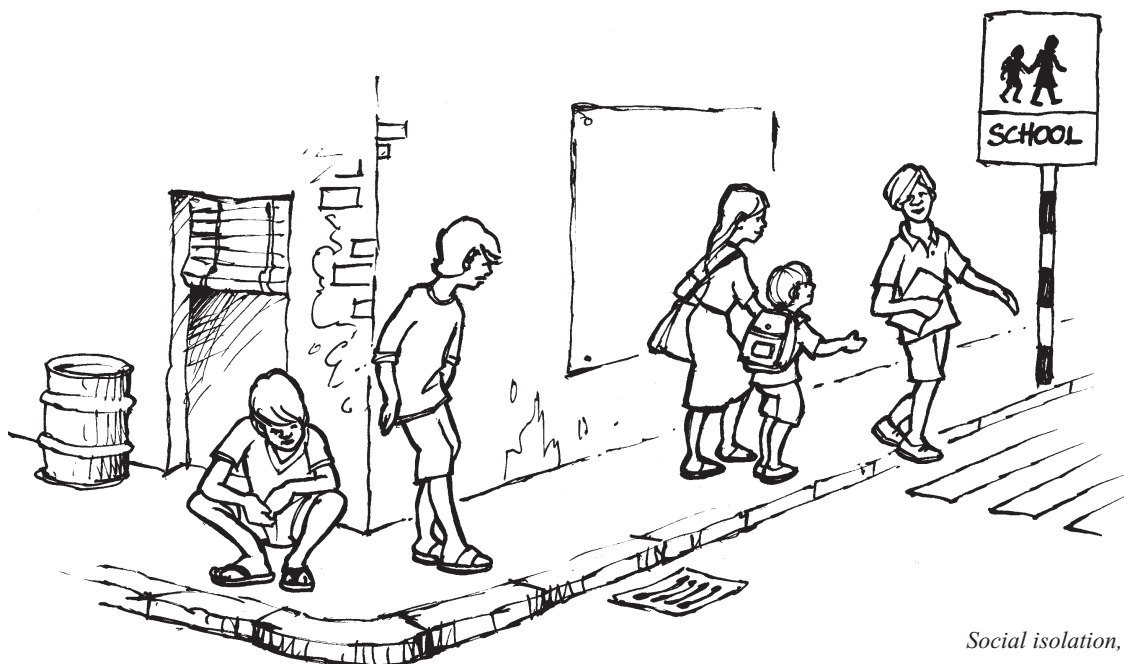
Dramatic events that have a profound effect on the survivors. They include death of parents, abandonment, serious accidents, natural disasters, demolition of home by authorities, war, physical and sexual assaults, and suicide attempts. Street children may use substances after the event to lessen the pain of the event and to help them adjust to their new situation, which is inevitably worse than before.



*Dramatic events have a profound effect on the survivors.*

- **Enduring Life Strains.**

The lives of street children are usually filled with long-term problems that are difficult to solve: poverty, denial of human rights, psychological difficulties, illnesses, and lack of educational and recreational opportunities. Rejection or a sense of rejection by family members, friends, school, health or other services, and society in general can also make the street child feel a sense of loss similar to that experienced when someone close to one dies. Using substances may provide excitement, or help in imagining a better future and offer relief from physical pain. Substances are sometimes used to decrease guilt feelings and pain related to providing sex for money.



*Social isolation, loneliness.*

- **Everyday problems.**

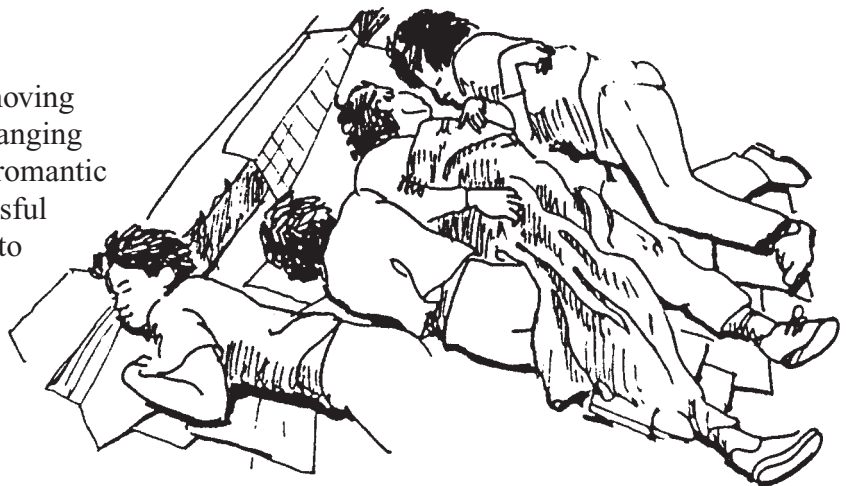
Most of a street child's time is spent working on survival issues; finding food, clothes and shelter, and avoiding violence and the police. They often have ongoing conflicts with other street children, merchants and community members or authorities. This daily struggle is tiring and leaves little time for other things. Substance use offers a quick and easy escape from day-to-day problems.



*Conflicts with other street children, merchants and community members are common.*

- **Life transitions.**

Transitions in life, such as moving neighbourhoods or cities, changing peer groups, or beginning a romantic relationship, are always stressful because they require people to behave in new ways. People may use substances during the transition to reduce their anxiety. If a street child's new friends use substances, he or she may imitate their behaviour in order to be more easily accepted.



*Life transitions may require street children to behave in new ways.*

Although stressful, some life transitions may result in a positive situation for street children. A family move may bring the street child who stays with his or her family at night into contact with different people who may have a positive influence.



● **Adolescent developmental changes.**

All young people go through physical, psychological, and social changes during their adolescent years. These changes are particularly difficult for street children who are becoming adolescents because they have no one to explain to them about these changes. They may not have had access to adequate adult role models and they may not get the opportunity to gradually assume more adult roles and responsibilities or negotiate such roles with parents and other adults. For example, street children may have to find a new source of income after puberty and may be enticed into commercial sexual activities. It can be confusing and depressing for street adolescents to cope with the immaturity of their bodies, especially while they are dealing with adult responsibilities. Street children

want to be accepted by their peers even more than the typical adolescent.

Joining in when their companions use substances or engage in other activities that can harm health are ways to be accepted more easily.



*They want to be accepted by their peers.*

Sometimes stressful events and situations may be associated with positive outcomes for street children. The change brought about by the event may ease their situation in some cases, e.g. the marriage of a widowed parent may be stressful, but it may improve the family situation. The rebuilding of a community after a natural disaster may bring new educational resources or work opportunities for street children and their families. A family move may bring the street child into contact with people who may have a positive influence. Growth and strength that come with adolescence are highly valued by many boys and girls. They may believe that they will not be abused as much, that the smallest members of their community will admire them, and that they may get better jobs. Stressors may lead to a positive outcome in yet another way. If the child negotiates a difficult situation successfully, it may enhance his or her self-esteem.

**Careful assessment of the actual positive or negative results of key life events on individual street children, their families and their communities is necessary to understand the full impact of stressful events and situations at risk of substance use. Although many street children seem to possess remarkable abilities to cope with difficult circumstances, some street children may be particularly vulnerable. Understanding what different street children regard as most stressful for them, and how they are dealing with these stresses, is vital for developing specific ways to help them.**

## 4.2 Normalization of behaviour and situations.

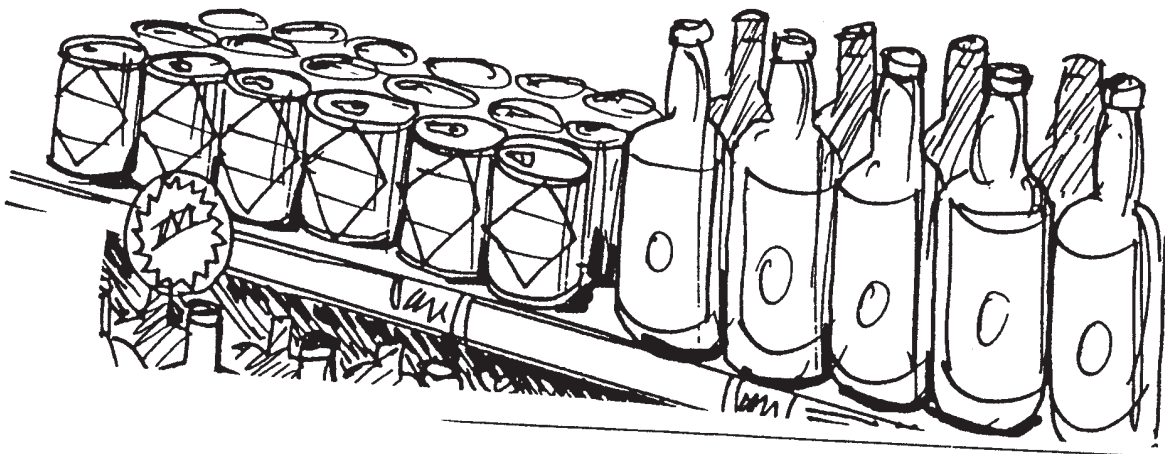
According to the **Modified Social Stress Model**, a person is more likely to become involved with substances if using substances is considered normal in the person's environment. Many street children live in places where other street children, the adults in the neighbourhood, and even the entire society accept the use of some substances. This makes it easy for them to use substances as well. Factors that encourage a group or an entire society to accept the use of a particular substance include:

- **Legality and law enforcement.**

If a substance is legal, it is much more likely to be accepted or normalized in general society. The use of illegal substances that are tolerated by the authorities could be acceptable to many people, including street children.

- **Availability.**

The easier it is to get a substance, the more likely it will be normalized, as with the use of caffeine, alcohol, and tobacco which have become normalized in many countries across the globe. On the other hand, restrictions imposed on the manufacture and sale of psychoactive medicines limit their availability and make it less likely that their use will be normalized. The same principle holds for illegal substances. If they are easy to obtain, they are more likely to be normalized. The use of cannabis, which is widely available in some places, is acceptable to many members of the community even though it is illegal. Coca paste is used by many youths in the Amazon basin where it is produced. Volatile solvents, including petrol and glue, are readily available in almost all areas of the world.



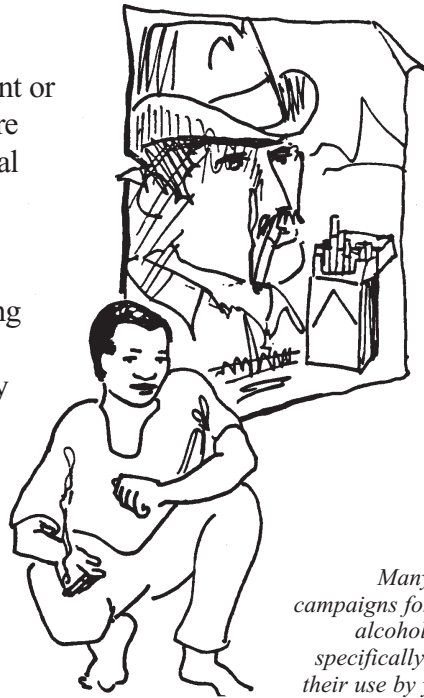
*If substances are easier to obtain they are more likely to be normalized.*

- **Price.**

The more affordable a substance is, the more likely it is to become normalized within a group of consumers. Substances that are normalized among some street children are the ones that are the least expensive (and most available). Glue, solvents, and petrol are cheap in most areas. Crack cocaine has become one of the favourite substances of street youth in the United States, partly because of its low price.

- **Advertising, sponsorship and promotion.**

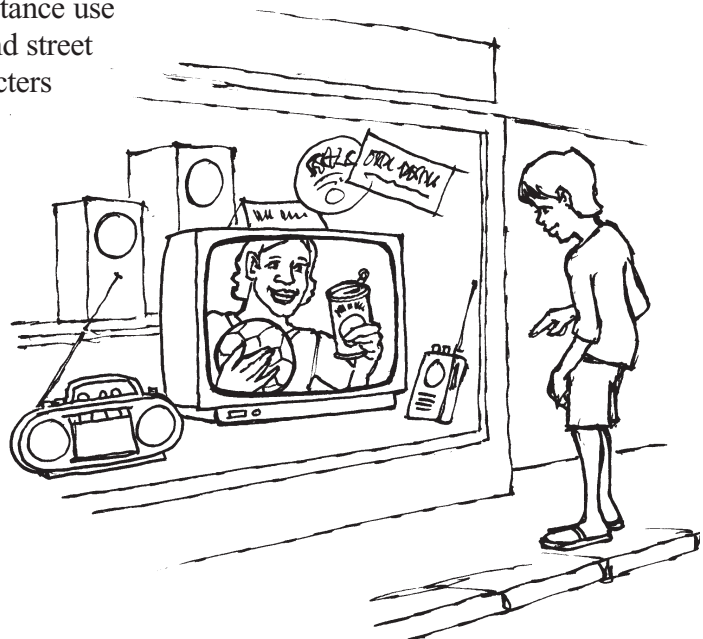
When substances are promoted (through advertisement or sponsorship of activities) in a community, residents are presented with the idea that using substances is normal and even desirable. Many promotional campaigns for tobacco and alcohol are designed specifically to encourage their use by young people. These include advertisements and sponsorship to activities at sporting events with celebrity athletes, youth festivals, and at 'rock' concerts. People involved in the drug trade may promote illegal substances in some communities. Street children are easily influenced by advertising, promotion and sponsorships. Without many heroes and successful role models in their own confined world, they often fantasize about the lives of celebrities and look to them for inspiration and direction.



*Many promotional campaigns for tobacco and alcohol are designed specifically to encourage their use by young people.*

- **Media presentation.**

A frequent and positive portrayal of substance use on television, in films, books, comics, and street theatres encourage normalization. Characters are shown smoking cigarettes, drinking alcohol, or taking substances in an atmosphere of excitement, danger, or sex. Equally problematic is the depiction of substance use as a normal, everyday event. Street children, many of whom were raised in stressful or atypical homes, may be easily influenced by what they see in the media because they many not have other sources of ideas and information.



*Positive media portrayal encourages normalization.*

- **Community acceptance.**

People tend to accept the use of a substance when the production and sale of the substance is an important source of income for the community. Some street children live in areas where substance production and trade are the major source of income for most of the residents.

**The leaders of alcohol, tobacco and other drug companies may be important members of the community. In certain slum areas, this is true of even illegal drug traffickers. They are admired by some of the residents because of the money they earn, and because they sometimes provide financial and other services to the residents that are not provided by the government or other agencies.**

- **Cultural role.**

Substances that have a place in the traditional culture of a society are usually normalized. The use of at least one substance has a cultural purpose in almost every society in the world. In religious activities, some Christians and Jews drink alcohol and some indigenous communities use hallucinogens. In many cultures, alcohol is used to celebrate special occasions such as New Year's Day and weddings. In parts of Asia, opium may be smoked during social gatherings and for relaxation. Cannabis is used for cooking and socializing in parts of Africa and Asia.

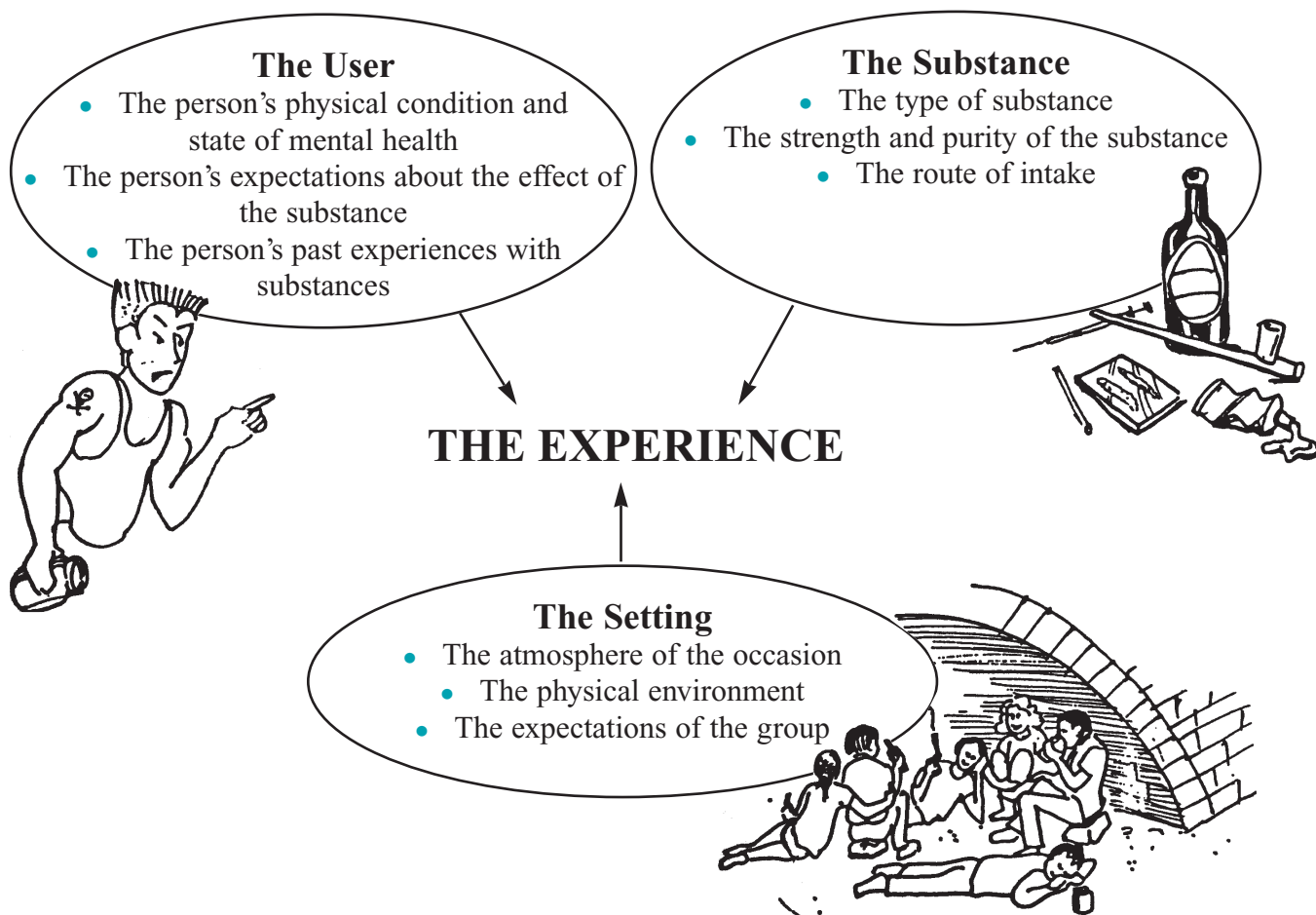
**Even when governments make a traditional substance illegal, some ordinary people may choose to continue using it because it is an important part of their traditional lives. Street children, like everyone else in the society, are influenced by the role of substances in their culture.**

When deciding whether it is normal to use substances, a person looks at the behaviour of people who are similar to him or her. These people, called a peer group, might find the use of certain substances acceptable in certain situations, even though it would not be acceptable to the general society. For example, it is considered normal in some groups of young people to openly smoke marijuana at musical concerts, although this would not be acceptable to other groups of young people or most of the adult population. The peer group for a street child is usually other street children of similar age who are involved in the same type of work as he or she is. Each peer group has its own unwritten rules about the use of substances. Working children in Mumbai, for example, accept the use of solvents, but they don't approve of sleeping tablets because the effects last too long and they feel too tired to work.

### 4.3 Effect of behaviour and situations: the experience of substance use.

Many street children use substances because the substance adds something to their life such as entertainment, or it temporarily solves a problem. Street children use substances because substances lessen hunger, add excitement, decrease physical and emotional pain, induce sleep, may increase energy levels to work, improve alertness, provide a form of recreation, provide a feeling of belonging to the peer group or may even give the courage to commit crimes. If a substance produces a positive or desired experience for a street child, he or she might use it more frequently.

The effect that a substance has differs from person to person, and from occasion to occasion. The exact effect that a particular substance has on a particular individual depends on the user, the substance and the setting.



Some street children claim that even if they don't like the effect of a particular substance, they may still continue to use it because the experience they have is better than the boredom of their daily lives and thus it becomes a desirable experience. Hallucinogens are an example of such a situation. Hallucinations have been described as having a 'magical' feeling, even though some of the experiences can be very frightening. Understanding what the street children like about the effects is important in planning interventions. Negative experiences of taking substances such as a bad 'hangover', frightening hallucinations or panic reactions can decrease the likelihood of use.

### Example

#### **André in Mexico City talks about his experience.**

“My best hallucination was to see little green flowers, elephants and the Pink Panther. The last time they put me into the Centre (Juvenile Detention Centre), we were sniffing glue with a few friends and a guy invited me to sniff toluene and so I did. Suddenly, I couldn't see my friends anymore, I couldn't see anyone. I saw I was in this bloody dark room, as though there was no one. It was really dark, and then I saw some little lights which got closer. Then the lights got bigger and just as I was about to get close to them, I fell into a big hole. When I fell down, there was a bunch of skeletons and they got up and told me I was going to die, that I didn't have much time left, and that I wasn't going to live beyond that night. I wanted to scream and talk to my friends, but the words stuck in my throat. I wanted to shout, but I couldn't. I didn't know if anyone could hear me. The thing is, that day I thought I was going to feel bad forever, and I wanted the trip to stop. That was a pretty wild experience, don't you think? “

## 4.4 Attachments.

Attachments are personal connections to people, animals, objects and institutions. Having at least one person with whom someone has a close bond and feeling of acceptance has been found to be vital to developing a sense of positive self-esteem. A desire for close relationships can make a street child vulnerable to close relationships with people who can have a negative influence. A street child is more likely to develop strong attachments to other people if:

- He or she spends a lot of time with them
- He or she performs well in that group in any activity
- He or she is consistently rewarded by the group

Street children are less likely to begin using substances and more likely to stop using them if their strongest attachments are with people and things that are not connected with substance use. Unfortunately, the situation of many street children makes it difficult for them to keep in contact with their families, to succeed at school or work, or to surround themselves with friends who do not use substances.

Negative attachments are connections to people or institutions that are associated with substance use, abuse or exploitation such as drug syndicates or peers who use substances. Negative attachments make substance use more likely.

### Positive attachments!



## 4.5 Skills.

Skills are competencies. Competencies include physical and performance capabilities such as juggling, vending, craft, and self-defence, and psycho-social skills (e.g self-awareness, assertiveness, problem solving etc.) needed to deal effectively with the demands of everyday life. These skills are often called psychosocial life skills (refer to **Modules 6 and 7**). All young people need to develop physical, psychological, social, moral, and vocational competencies as a part of their healthy development.



*Self assurance.*



*Seeking support from others.*



*Assertiveness.*



*Knowing when to retreat.*

Coping strategies are the cognitive, behavioural and social abilities that help a person manage stress. Competencies become coping strategies when they are used to manage stressful situations, e.g. seeking support from others or retreating in the face of danger. Competencies also help young people prevent health problems and cope with them if they occur. If street children have more skills it is less likely that they will need substances to meet challenges or to cope with problems. If they do use substances, they will have a greater ability to control the amount of use and avoid problems related to substance use.

Children may be exploited because of their age and general vulnerability during the process of skill development. This may include being paid less or being forced to work longer hours compared to other older workers. Under such circumstances, children may use substances to stay awake or to keep up energy levels and then use different substances to sleep or relax.

The skills developed to survive on the streets, such as the ability to steal or lie to people in authority, can have a negative side in increasing illegal activities such as drug trafficking. This can result in increased use of substances in the community and by the individual. Lying prevents the development of trusting relationships.



## 4.6 Resources.

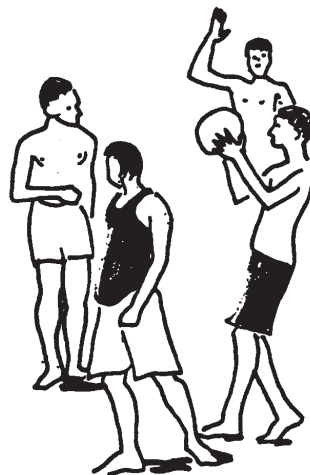
Resources are used to meet physical and emotional needs. Resources can be inside a person, such as a willingness to work hard, or in the environment, e.g. schools, money, and people who care about the person. Examples of resources are:

- **Internal resources.**

- Intelligence.
- Capacity to work.
- Education.
- Vocational skills.
- Religious faith.
- Optimism.
- Sense of humour.

- **External resources.**

- Information.
- Family.
- Other street children.
- Street educators.
- Positive role models.
- Community organizations.
- Educational and vocational training services.
- Health services.
- Employers.
- Recreational facilities.



Recreational facilities. 5



Information.



Other street children. 1



A sense of humour.



Street educators.

Even though street children usually have many internal resources, they often lack external ones. Without external resources, it is often difficult for street children to learn new skills that would help improve their lives. They may fail to develop healthy ideas and practices about substance use if they do not have the benefit of resources such as street education and informational campaigns. They also have fewer alternatives to substance use for relieving stress when resources such as recreational and vocational facilities are lacking. Resources need to be accessible and appropriate to street children.

**Under the Modified Social Stress Model the likelihood that a particular street child will use substances will change from time to time so that during more stressful periods the child is more likely to use substances; even during periods when changes occur, it is important to look at all six components of the model at the same time to understand what a person might do.**

## Learning Activity

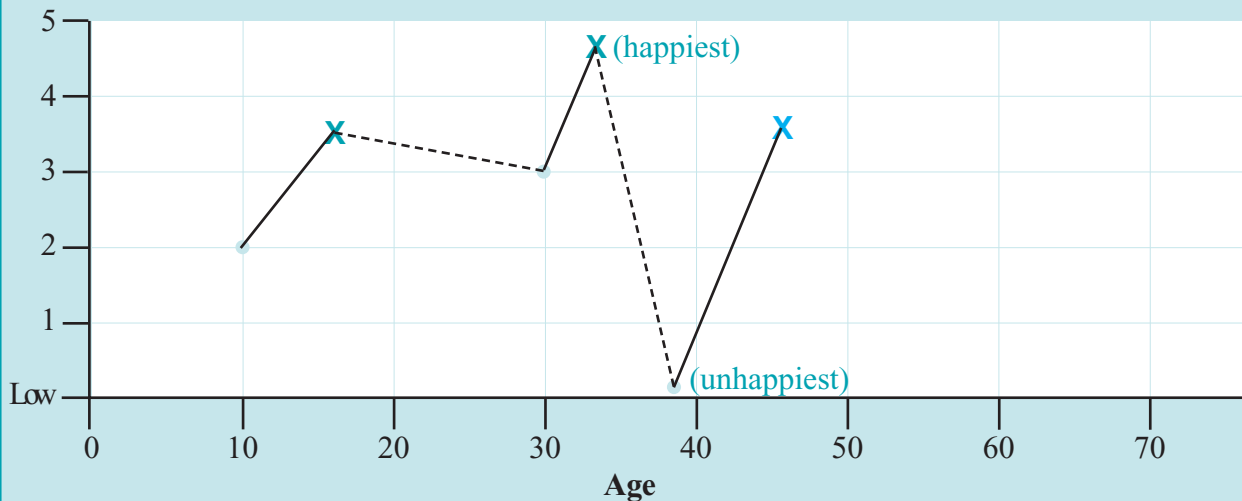


### 1. Your Life Graph.

Now that you know the components of the **Modified Social Stress Model**, use them to understand how everyone, street children, and you yourself, go through stressful periods when strong attachments, competencies, coping strategies, and resources are needed to improve the situation. Start with your own experience of stress and coping. Use a pencil for this exercise so that you can make changes as you work.

This exercise asks you to think about situations in your own life. The information about yourself is private. You may be asked to talk about what you have learned from this exercise, but you do not have to share your personal history in the group discussion. However, some street educators may find it helpful to discuss personal issues that this exercise may expose with someone they trust.

### Sample Life Graph.



1. Begin by deciding when the happiest time in your life was. Place a mark at level five on the vertical scale above your age at that time.
2. Then think of one or two other good moments in your life and mark them above the corresponding age at a height below five.
3. Now, do the same with your emotional low points. Begin with the time when you were most unhappy and mark that at level 1. Continue with one or two other low points.
4. Circle the low points that you have placed on the graph.

These items represent the stresses that you have experienced in your life.

5. Now try to recall the persons, places, situations, or events that made that period of time particularly difficult and list them on the lines below.


6. Draw lines on the graph between each low point and the high point that follows it. These items are examples of your positive attachments, skills, and resources.

7. Then try to recall the people, behaviours, organizations or events that helped you to endure the bad times and raised you to a high point. Write them down on the lines below.


8. Next, compare the two lists. Do any items appear on both lists? It is possible that positive attachments such as family members, friends, school, and work can sometimes be stressors.

## 2. You and substance use.

You will be able to understand other people's use of substances better if you first examine your own behaviour. Try to be honest and answer the following questions completely. You do not have to share information about your personal history in the group discussions. This is a confidential exercise to help you to understand your own behaviour better.

1. If you use substances now or have in the past, list the factors which influenced your decision to start, increase or restart substance use according to the **Modified Social Stress Model**.

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

2. If you do not use substances or you have stopped or decreased its use, describe the factors that influenced your decisions.

Stress

Normalization

Substance Experience

Attachments

Skills

Resources



### 3. Normalization.

For each substance that is used by street children in your area, estimate how normalized the use of the substance is by answering the following questions.

Substance

Is it legal?

- To what extent are the laws about its distribution and use enforced?

Issues:	In the community:	For street children & their families:
Availability	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Price	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Economic and Political Role of the substance or the manufacturer	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>
Cultural Acceptance	<div style="border: 1px solid black; height: 50px;"></div>	<div style="border: 1px solid black; height: 50px;"></div>

- Advertising and Sponsorship.

How is the substance advertised?

Who are the intended targets of the advertisements?

Are street children a part of the targeted groups or would they be attracted to the images used?

- Promotion.

How do the manufacturers and distributors promote the substance?

- Media Presentation.

How is the substance generally portrayed in the media?

What medium has the greatest impact on street children in your area? (Consider television, films, radio, musical recordings, comic books, other books, etc.)

How is the substance portrayed in this particular medium?

- Peer Group.

How frequently is the substance used by street children in your area?

How frequently do other people in the community who are close to street children use the substance?

- Overall Normalization.

How normalized is the substance for the community as a whole? (tick one)

- not normalized.
- partially normalized.
- normalized.

How normalized is it for street children? (tick one)

- not normalized.
- partially normalized.
- normalized.

#### 4. Applying the MSSM to the use of substances by a street child.

##### Raphael.

Review the completed case assessment of Raphael, and think about how the components of the model apply to his life.

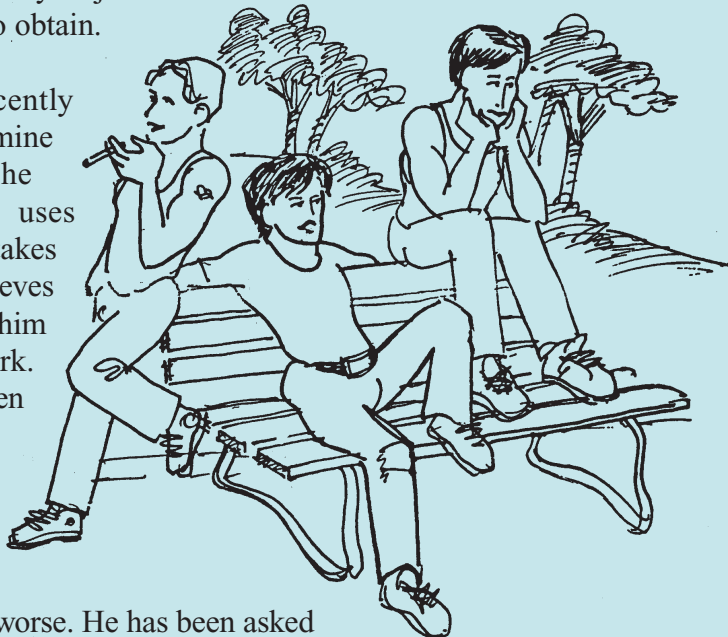
Sixteen years old Raphael is a member of a group of young, male sex workers. He has lived away from home for five years. He currently lives in a single room with three other sex workers.

Raphael's father drinks alcohol regularly. When he is drunk, he often beats his wife and children. Raphael loves his mother and siblings and sees them when he can. They are always happy when he visits. Raphael gives his mother whatever money he can spare. He hopes that some of the money can be used for the education of his younger siblings.

During his time on the streets, Raphael has been beaten and raped by other street children and some of his clients. Some of the other sex workers are good friends, but some harass him by calling him 'gay' and by telling him "you have AIDS and you are going to die". Raphael does not know if he is infected with HIV, the virus that causes AIDS, but he is afraid to go to the health clinic to be tested.

Raphael likes some of the street educators who work in his neighbourhood and he occasionally goes to a centre where he participates in activities such as games, drama, music and literacy classes. When he was about 11, Raphael began smoking tobacco and, by the age of 14, he started sniffing solvents. A year later he was smoking cannabis. Most of his friends use these substances as well as other kinds which they inject. The substances are usually very easy to obtain.

Raphael's friends have recently persuaded him to try amphetamine tablets. He likes the rush he experiences when he uses amphetamines because the effect takes his mind off his troubles. He believes that amphetamines also make him more adventurous in his sex work. He has now begun to use more often and has started to think of injecting. Lately, Raphael's life has become more difficult. He misses his mother and siblings more and the harassment by the other sex workers has become worse. He has been asked by his roommates to find another place to live.





**Example of using the Modified Social Stress Model Model on the case of Raphael**

**Stress**

Father unavailable, abusive  
 Worried about family and HIV  
 Harrassment and Violence  
 Needs new place to live

**Normalization**

Alcohol normalized at home  
 Peers use substances  
 Substances affordable and available for him

**Substance Experience**

Enjoys feeling of intoxication  
 Forgets problems  
 Improves his work

**Attachments**

Mothers, brothers and sisters  
 Street Educator  
 Other children

**Skills**

Able to save money  
 Sex work  
 Some reading and drama skills

**Resources**

Mother  
 Access to drop-in centres  
 Proven resilience for 5 years  
 Motivated to survive

Seriousness of Current Use: N/A  Low  Medium  High   
 Potential for Future Use: Nil  Low  Medium  High

**Other comments and Plan for Action.**

History of persistent and increasing substance use  
 Level of stress is high and increasing  
 Might not increase use if he could have more contact with his mother and could find a place to live.  
 Encourage him to move into the local youth shelter. Ask his permission to contact mother.

**Review the completed case management record on Raphael on the previous page. Determine whether you agree with the points made. If you need to change anything, complete this form again for Raphael.**

Stress

Normalization

Substance Experience

Attachments

Skills

Resources

Seriousness of Current Use: N/A  Low  Medium  High

Potential for Future Use: Nil  Low  Medium  High

Other comments and Plan for Action.

Lesson 4 a way of assessing and documenting information about the situation of individual street children according to the categories presented in the Modified Social Stress Model was introduced. Understanding the risk factors which increase the likelihood of substance use and protective factors which can help make use less likely for individual street children is a core part of case management process. You will practice more case management in **Module 8**. The case assessment in **Module 8** allows you to get even more information and this will provide you with a stronger base for planning interventions

## Bibliography and further reading

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# Key Messages

- **Street children use a wide variety of substances. The price and availability of these substances have a major influence on the behaviour of substance users, e.g. choices regarding the type of substance and methods of using substances.**
- **Use of substances often leads to consequences that affect the individual street child and the community as a whole.**
- **The reasons street children use substances are many and are closely linked to their problems and their situation.**
- **The MSSM helps in understanding substance use among street children. It implies that vulnerability of a child to substance use increases when:**
  - **the child's level of stress is high**
  - **substance use is normalized in the child's community**
  - **the child experiences positive or desired effects from substances**
  - **the child has few positive attachments**
  - **the child has limited skills and coping strategies, and**
  - **few internal or external resources are available to the child**

